

Research Instructions – Volunteer Extension Renewal

PROCESS:

1. Please copy the subject line below, and paste into an email

Subject Line: PI Name – Employee Name – Volunteer Extension Renewal

1. An updated Research Volunteer Assignment Sheet (see page 2), must also be completed and attached to email.
2. Investigator is asked to complete “Bar Code Identification Form” (see page 3) and attach to email. Please ensure all fields are complete.

There must be an end date listed for the Volunteer (e.g., March 23, 2020).

Questions? Contact: Dalbir Singh, Research Projects Coordinator (416-864-6060 ext 7863 / Dalbir.Singh@unityhealth.to)

Bar Code Identification Form

Please print clearly

Last Name				
First Name				
Email Address				
Department Name				
Job Title	Research Volunteer			
Phone Number				
Start Date				
End Date (MANDATORY)				
Area(s) of access	Area Name – Not applicable for off-site	Floor	Wing	Initial
PI/Manager Name (Print)				
PI/Manager Signature				
Access Card Number (MANDATORY)				
<i>For renewal only:</i> reason why volunteer is being renewed beyond initial end date (1 year max):				

Not Paid by St. Michael's Hospital.

Research Volunteer Assignment Form for PIs/Managers

Please complete all fields. It is the Investigator's responsibility to ensure space; adequate training and supervision are available to support the research volunteer's work.

Volunteer Name:	
PI Name:	Phone Ext:
Program Manager: (If applicable)	Phone Ext:
Start Date:	End Date:

Please describe why you are engaging this volunteer and what they will receive from the experience:	
Please describe the specific duties of the volunteer:	
Please describe all relevant skills or qualifications:	
Will the volunteer be working with biological material? • If yes, please email Steven Hayes at hayess@smh.ca to follow up on next steps.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any additional training beyond the standard training required?	
Which days and what hours will the research volunteer be expected to work? Where will the research volunteer be working?	

Please describe how the volunteer will be supervised. Please include a mentor plan if applicable.	
<p>Will the research volunteer interact with research subjects and/or patients, patient/research data and/or patient/research subject samples?</p> <p>* Please be reminded to read the prohibited activities in section 1.8 of the Research Volunteer and Visitor Policy</p> <p>If yes, have/will you informed/inform or contacted/contact the Research Ethics Board? http://www.stmichaelshospital.com/research/reb.php</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Investigator/Manager Signature	Date Signed
Volunteer Signature	Date Signed